

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008184

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 347

Primary Registration District No. 4456 Registrar's No. 5

FILED FEB 27 1963

VS 300
Rev. 4/59

1 0930

2 0930

3

4 1

5 0

6

7 0

8 2

9 4500

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

ST. CLAIR

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Appleton City

Length of stay in 1b

64 yr

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ELLETT M. HOSE

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

ST. CLAIR

c. CITY

OR TOWN

Appleton City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ESTHER BARBARA PEPPER

4. DATE OF DEATH

Month

Day

Year

Feb 22 - 63

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-14-99

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days

7 9

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

Appleton City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Pepper

13b. MOTHER'S MAIDEN NAME

Barbara Moller

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

ED Moller

17. INFORMANT

Address

ED Moller Forsyth, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GENERALIZED ATHEROSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH

CHRONIC

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

UREMIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT - SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from NOV 1954 to Feb 22 1963 and last saw her alive on Feb 22 1963
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. H. Brownberger MD

22b. ADDRESS

Appleton City, Mo.

22c. DATE SIGNED

Feb 23 1963

23a. BURIAL CREMATION, REMOVAL (Specify)

23b. DATE

2-24-63

23c. NAME OF CEMETERY OR CREMATORY

Appleton City

23d. LOCATION (City, town, or county)

Appleton City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ocean Eckhoff Appleton City, Mo. Feb 23, 1963

25. DATE REC'D. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

R. H. Atney

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wesley E. Hoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.